

## Non-Employee Travel Authorization Request

Date Submitted: \_\_\_\_\_

Department: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_

*Full name as written on government-issued ID*

Traveling Alone: ☐ Yes ☐ No

If No, Name: \_\_\_\_\_

Travel Justification: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Destination (City/State): \_\_\_\_\_

### **Travel Needs:**

Flying: ☐ Yes ☐ No

Hotel Needed: ☐ Yes ☐ No

Rental Car Needed: ☐ Yes ☐ No

Has this been approved by Dr. Shoemaker? ☐ Yes ☐ No

### **Additional Information for Reservations:**

#### **Flight Needs:**

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checked bags:

☐ 0 ☐ 1 ☐ 2

#### Departure

Departure Airport: \_\_\_\_\_

Departure time: \_\_\_\_\_

Destination Airport: \_\_\_\_\_

Arrival time: \_\_\_\_\_

#### Return

Departure Airport: \_\_\_\_\_

Return time: \_\_\_\_\_

Destination Airport: \_\_\_\_\_

Arrival time: \_\_\_\_\_

#### **Other Travel:**

Hotel preference: \_\_\_\_\_

City/State: \_\_\_\_\_

Check-in Date: \_\_\_\_\_ # of nights: \_\_\_\_\_

Does hotel offer a special rate? ☐ Yes ☐ No If yes, provide rate \_\_\_\_\_

Rental Car Date and Times: \_\_\_\_\_

Location City/State: \_\_\_\_\_